CITY OF TITUSVILLE DEPARTMENT OF HEALTH Establishment The Blue Canoe Locatio 113				No. of Risk Factor/Interventions Violations No. of Repeat Risk Factor/Intervention/Violations On S. Franklin St.				ns Date Current Expiration	3/16/20	18		
								Phone 406-599-2477	Phone			
License / Contact/Permit Holder F Permit # Bill Zimmer			•	rpose of Inspection				dium Lov	Low			
_		FOODBORNE ILLNES							VENTIONS			
	Circle design	ated compliance status (IN, OUT, N/O,		-					X" in appropriate box for (COS and/or R		
IN		OUT = not in compliance N/O = n		N/#	\ = nc				n-site during inspection I		olation	
		Compliance Status		COS	R			Complia	nce Status		cos	R
		Demonstration of Knowledge					Potent	ially Hazaro	lous Food Time/Ten	nperature		
i	Certification by accredited program,		·	\checkmark		16	IN OUT N/A N/O Proper coo		r cooking time & temperat	oking time & temperatures		
	INCOO	compliance with Code, or correct res	sponses			17	IN OUT N/A	·	r reheating proc for hot he	olding		
		Employee Health				18	IN OUT N/A		r cooling time & temperat			
2	IN OUT	Management awareness; policy pres				19	IN OUT N/A	· ·	r hot holding temperature			
3	IN OUT	Proper use of reporting, restriction 8 Good Hygienic Practices	x exclusion			20 21	IN OUT N/A IN OUT N/A		r cold holding temperature r date marking & dispositi	***	X	-
4	IN OUT N/O	Proper eating, tasting, drinking, or toba	acco use			22	IN OUT N/A	- 1	as public health control; p			
5	IN OUT N/O	No discharge from eyes, nose, and r					201 HJA	.,-	- parameter controly p		J	<u> </u>
		reventing Contamination by Hands						Con	sumer Advisory			
6	IN OUT N/O	Hands clean & properly washed				23	IN OUT N/A	Consu	mer advisory provided for	raw or		
		No bare hand contact with RTE food	ls or						cooked foods			
7	IN OUT N/A N/O	approved alternate method properly							sceptible Population			
8	IN OUT	Adequate handwashing facilities suppli accessible	ed &			24	IN OUT N/A	Paster not of		ted foods		
		Approved Sources							Chemical			
9	IN OUT	Food obtained from approved source	е			25	IN OUT N/A		dditives: approved & prope	·		
10	IN OUT N/A N/O	Food received at proper temperature	е			26	IN OUT N/A	used	substances properly identifie	ea, storea &		
11	IN OUT	Food in good condition, safe & unad	lulterated				Cor	formance v	with Approved Proce	dures		
12	IN OUT N/A N/O	Required records available: shelf storage parasite destruction	ck tags,			27	IN OUT N/A		liance with variance, speci ss, & HACCP plan	ialized		
		Protection from contamination						proces	ss, a nacce plan	<u> </u>		
13	IN OUT N/A	Food separated & protected					sk factors are improper practices or procedures identified as the most pre					
14	IN OUT N/A	Food-contact surfaces: cleaned & sa		×		cor		tributing factors of foodborne illness or injury. Public Health Interventio control measures to prevent foodborne illness or injury.				are
15	IN OUT	Proper disposition of returned, previous served, reconditioned & unsafe food					condic	i incusures to	prevent roodborne iiness	or many.		
				ID RI	ΞΤΔΤ	PR	ACTICES					
	G	ood Retail Practices are preventative m	easures to c	ontrol	the a	dditio	n of pathogens,	chemicals and	physical objects into food	ls.		
	"X" in box if nun	nbered item is not in compliance Ma	ı rk "X" in ap	propr	iate b	ox for	COS and/or R	COS=correct	ed on-site during inspection	on R =repea	t viola	ition
Mark				COS	R						COS	R
Mark		Safe Food and Water							r Use of Utensils			
		Communication of the control of the				4.0		In-use utensils: properly stored Utensils, equip & linens: properly stored, dried & handled				
28		rized eggs used where required & ice from approved source				41 42				A handled		
	Water	rized eggs used where required & ice from approved source ce obtained for specialized processing	methods			41 42 43	Utensils	, equip & liner				
28 29	Water Varian	& ice from approved source ce obtained for specialized processing Food Temperature Control				42	Utensils Single-	, equip & liner	s: properly stored, dried &			
28 29	Water Varian Propei	& ice from approved source ce obtained for specialized processing				42 43	Utensils Single-t Gloves	s, equip & liner use& single-ser used properly Utensils, E	is: properly stored, dried of the vice articles: properly store of the vice articles: properly store articles: properly s	ed & used		
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	F00	D ESTABLISHMENT									
CITY OF TITUSVI			GREASE TRAP I								
DEPARTMENT OF			Yes	No	Date	•					
Establishment		Address/City/State/Zip Co		Рһопе							
The Blue Canoe		113 S. Franklin St.			406-599	-2477					
		TEMPERATURE	OBSERVATIONS								
Item/Location	Temp	Item/Location	Temp	Item/Lo	cation	Temp					
Sal	38	Walk-in	-	1							
Cheese	 	Pesch-12		 							
	36			ļ							
Sprat	39	Said Unit		_							
1											
		OBSERVATIONS AND	ORRECTIVE ACTION	IS .							
		ODSERVATIONS AND	SORRECTIVE ACTION								
Item Violati	ons cited in this report n	nust be corrected within the	time frames below, or a	as stated in sect	ions 8-405.1	1 of the food code.					
Number Violati	<u> </u>			Α.		/ <i>:</i> -\					
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21 RTE	text prop	urce on lite o	take munkel	with de	H(10	excess of					
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35 SP121	- Spray softle will for wester only not bash As such.										
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Person in Charge (Sign	atura Mall	thrim			Date:						
reison in charge (Sign	ature)										
	Among	m a			,	3/21/16					
Inspector (Signature) _	(XXXXX)	WY			Date:	-, ι ·					